

**Flat Rock-Hawcreek School Corporation  
Health Insurance Employee Premium Schedule  
Effective January 1, 2016**

FRHC contributes \$396.00 per month for an employee's single health insurance plan.  
FRHC contributes \$843.00 per month for an employee's family health insurance plan.

		<b>Rate</b> Per Pay (24)		<b>Non-tobacco use Incentive Rate*</b> Per pay (24)
Wellness	Single	54.42		16.50
	Family	268.63		230.71
Consumer Driven Health Plan 1	Single	78.06		40.10
	Family	328.40		290.45
Consumer Driven Health Plan 2	Single	177.40		139.48
	Family	597.25		559.29
Traditional PPO	Single	408.65		370.69
	Family	1229.98		1192.06

**Non-Tobacco Use Incentive Rate \***

All employees must **Sign and Submit** the Non-Tobacco Agreement for 2016 if wishing to receive the incentive rate.  
The incentive **DOES NOT CARRY OVER** from 2015-2016.

**Enrollment period: October 28, 2015 – November 18, 2015**

**AFTER NOVEMBER 18, 2015 NO CHANGES TO BENEFITS IS ALLOWED.**

This means selections of benefits and changes to dependents covered by the plan cannot be changed after November 18, 2015.  
Exceptions are made for qualifying events per IRS such as marriage, divorce, birth of a child, etc.  
Qualifying events must be reported within 30 days of the event.